PART B = FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail MAR 0 7 2005

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

CORREST CORREST OF DELICE	S. E ADDRESS (Note: Use Block 1 for					arate "FEE ADDRESS" for
				napers. Each addition	mailing can only be used finis certificate cannot be used all paper, such as an assignment	for any other accompanying ent or formal drawing, mu
	90 12/02/2004			nave its own certificat	e of mailing or transmission.	
DORSEY & WH				Ce	rtificate of Mailing or Trans	smission
	PROPERTY DEPART	ГМЕПТ		States Postal Service	his Fee(s) Transmittal is bein with sufficient postage for fil il Stop ISSUE FEE address PTO (703) 746-4000, on the	st class mail in an envelor
SUITE 3400				addressed to the Ma	Il Stop ISSUE FEE address	above, or being facsimi
1420 FIFTH AVEN	·			i ansimiled to the OSI		(Depositor's nam
SEATTLE, WA 98					Sheridan	
00000 MMEKONE1 00000	079 08798227			00000	2000	(Signatur
C:1501	4444			HWON	2, 200S	(Dat
C:1501 C:8011 Algulication No.	FILING BASE UP	FIRST NAME		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/798,227	02/11/1997	BRENT		KEETH	660073.587	2230
TITLE OF INVENTION: MEMORY SYSTEM WITH DYNAMIC 1			IMING CORRECTION		500514.01	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370		\$0	\$ 1370 14∞	03/02/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS]	
PEIKARI, BEHZAD		2186		711-167000	•	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	(print or type)		
				pear on the patent. If an assign for filing an assignment.	nee is identified below, the o	locument has been filed
(A) NAME OF ASSIGNE	3E	(B)) RESIDENC	CE: (CITY and STATE OR CO	UNTRY)	
WICKIN TO	ECHNOLOGY, INC.		BOKSE	=,16AH0		
7		ries (will not be pri	nted on the p	patent): 🗖 Individual 🙀 C	orporation or other private gr	oup entity Governme
Please check the appropriate						
Please check the appropriate 4a. The following fee(s) are of		4b.	Payment of	Fee(s):		
Please check the appropriate 4a. The following fee(s) are of the same state of the s	enclosed:	4b.	A check	Fee(s): in the amount of the fee(s) is en		۸
Please check the appropriate 4a. The following fee(s) are of the state of the stat	enclosed: nall entity discount permitte	4b.	A check Payment	Fee(s): in the amount of the fee(s) is end by credit card. Form PTO-203	8 is attached. any de	ficiency of
Please check the appropriate 4a. The following fee(s) are of the same state of the s	enclosed: nall entity discount permitte	4b.	A check Payment	Fee(s): in the amount of the fee(s) is end by credit card. Form PTO-203	8 is attached. any de	ficiency of credit any overpayment, copy of this form).
Please check the appropriate 4a. The following fee(s) are of the state of the stat	enclosed: mall entity discount permitte Copies	4b.	A check Payment	Fee(s): in the amount of the fee(s) is en	8 is attached. any de	ficiency of credit any overpayment, copy of this form).
Please check the appropriate 4a. The following fee(s) are of the fee(s) are of the following fee(s) are of the following fee(s) are of the fee(enclosed: mall entity discount permitte Copies	4b.	A check Payment The Dire Deposit Acc	Fee(s): in the amount of the fee(s) is ending the control of the fee(s) is ending to the fee(s). The fee(s): The fe	is attached. And de harge the required fee(s), or (enclose an extra c	credit any overpayment, opp of this form). FR 1.27(g)(2).
Please check the appropriate 4a. The following fee(s) are of the fee(s) are of the following fee(s) are of the following fee(s) are of the fee(enclosed: mall entity discount permitte Copies	4b.	A check Payment The Dire Deposit Acc	Fee(s): in the amount of the fee(s) is ending the card. Form PTO-203 rector is hereby authorized by count Number 50-12(0)	is attached. And de harge the required fee(s), or (enclose an extra c	credit any overpayment, opp of this form). FR 1.27(g)(2).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.